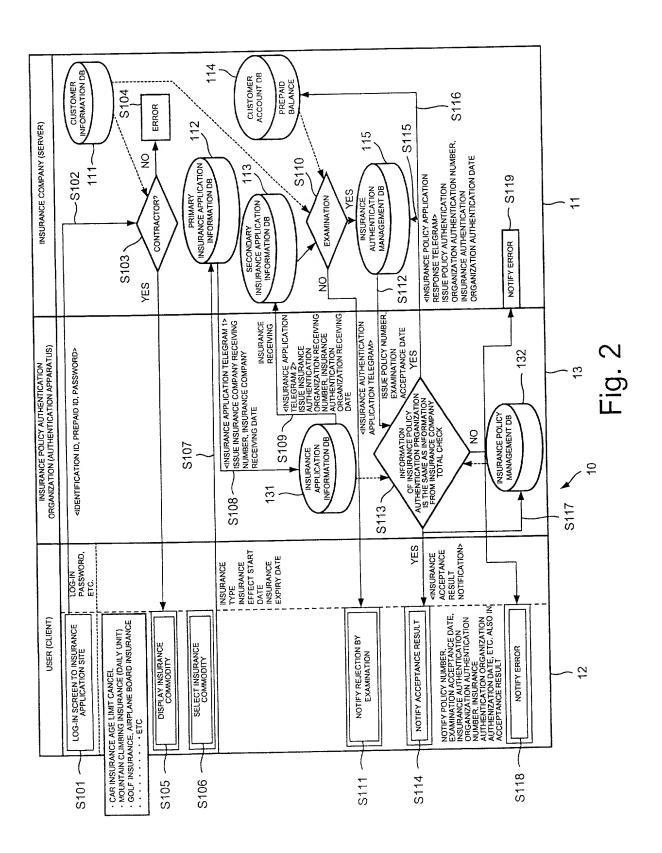


Fig. 1



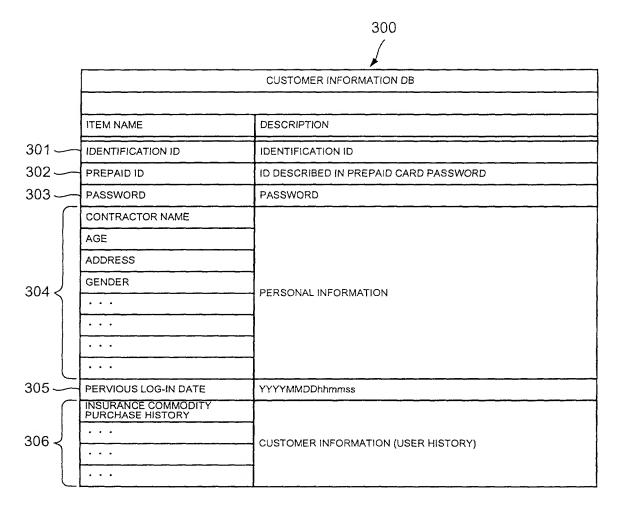


Fig. 3

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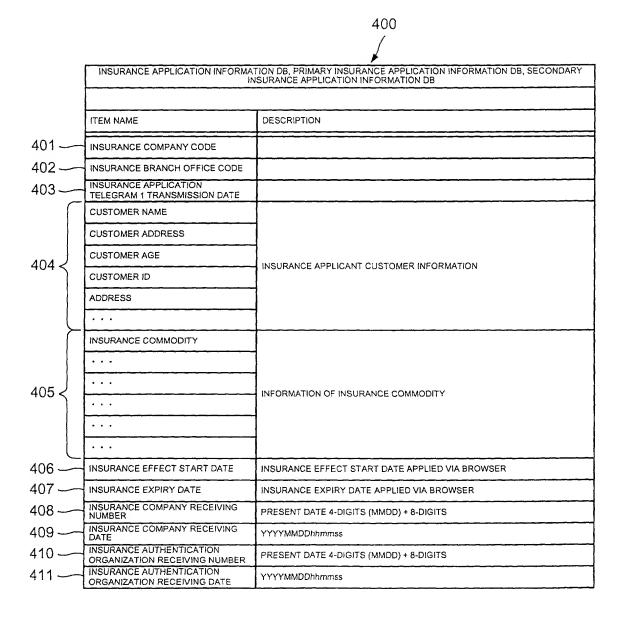


Fig. 4

INSURANCE APPLICATION TELEGRAM 1 DESCRIPTION ITEM NAME INSURANCE COMPANY CODE INSURANCE BRANCH OFFICE CODE INSURANCE APPLICATION TELEGRAM 1 TRANSMISSION DATE 403 ~ CUSTOMER NAME CUSTOMER ADDRESS **CUSTOMER AGE** INSURANCE APPLICANT CUSTOMER INFORMATION CUSTOMER ID ADDRESS INSURANCE COMMODITY . . . . . . INFORMATION OF INSURANCE COMMODITY . . . . . . INSURANCE EFFECT START DATE INSURANCE EFFECT START DATE APPLIED VIA BROWSER INSURANCE EXPIRY DATE INSURANCE EXPIRY DATE APPLIED VIA BROWSER INSURANCE COMPANY RECEIVING NUMBER PRESENT DATE 4-DIGITS (MMDD) + 8-DIGITS INSURANCE COMPANY RECEIVING DATE YYYYMMDDhhmmss DUMMY DUMMY DUMMY 412 DUMMY DUMMY DUMMY

Fig. 5

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	<i>b</i>
	INSURANCE APPLICATION TELEGRAM 2
ITEM NAME	DESCRIPTION
INSURANCE COMPANY CODE	
INSURANCE BRANCH OFFICE CODE	
INSURANCE APPLICATION TELEGRAM 1 TRANSMISSION DATE	
CUSTOMER NAME	
CUSTOMER ADDRESS	
CUSTOMER AGE	INSURANCE APPLICANT CUSTOMER INFORMATION
CUSTOMER ID	
ADDRESS	_
INSURANCE COMMODITY	_
	INFORMATION OF INSURANCE COMMODITY
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INSURANCE EFFECT START DATE	INSURANCE EFFECT START DATE APPLIED VIA BROWSER
INSURANCE EXPIRY DATE INSURANCE COMPANY RECEIVING	INSURANCE EXPIRY DATE APPLIED VIA BROWSER
NUMBER INSURANCE COMPANY RECEIVING	PRESENT DATE 4-DIGITS (MMDD) + 8-DIGITS
DATE INSURANCE AUTHENTICATION	YYYYMMDDhhmmss
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ORGANIZATION RECEIVING DATE	YYYYMMDDhhmmss
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Fig. 6

ITEM NAME	DESCRIPTION
INSURANCE COMPANY CODE	
INSURANCE BRANCH OFFICE CODE	
INSURANCE APPLICATION TELEGRAM 1 TRANSMISSION DATE	
CUSTOMER NAME	
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INSURANCE COMPANY RECEIVING NUMBER	PRESENT DATE 4-DIGITS (MMDD) + 8-DIGITS
INSURANCE COMPANY RECEIVING DATE	YYYYMMDDhhmmss
INSURANCE AUTHENTICATION ORGANIZATION RECEIVING NUMBER	PRESENT DATE 4-DIGITS (MMDD) + 8-DIGITS
INSURANCE AUTHENTICATION ORGANIZATION RECEIVING DATE	YYYYMMDDhhmmss
INSURANCE POLICY NUMBER	
EXAMINATION ACCEPTANCE DATE	YYYYMMDDhhmmss

Fig. 7

INSURANCE AUTHENTICATION APPLICATION TELEGRAM ITEM NAME		
ITEM NAME	DESCRIPTION	
INSURANCE COMPANY CODE		
INSURANCE BRANCH OFFICE CODE		
INSURANCE APPLICATION TELEGRAM 1 TRANSMISSION DATE		
CUSTOMER NAME		
CUSTOMER ADDRESS	INSURANCE APPLICANT CUSTOMER INFORMATION	
CUSTOMER AGE		
CUSTOMER ID		
ADDRESS		
INSURANCE COMMODITY		
	INFORMATION OF INSURANCE COMMODITY	
INSURANCE EFFECT START DATE	INSURANCE EFFECT START DATE APPLIED VIA BROWSER	
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INSURANCE COMPANY RECEIVING DATE	YYYYMMDDhhmmss	
INSURANCE AUTHENTICATION ORGANIZATION RECEIVING NUMBER	PRESENT DATE 4-DIGITS (MMDD) + 8-DIGITS	
INSURANCE AUTHENTICATION ORGANIZATION RECEIVING DATE	YYYYMMDDhhmmss	
INSURANCE POLICY NUMBER		
EXAMINATION ACCEPTANCE DATE	YYYYMMDDhhmmss	
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Fig. 8

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INSURANCE BRANCH OFFICE CODE		
INSURANCE APPLICATION TELEGRAM 1 TRANSMISSION DATE		
CUSTOMER NAME		
CUSTOMER ADDRESS		
CUSTOMER AGE		
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INSURANCE AUTHENTICATION ORGANIZATION RECEIVING NUMBER	PRESENT DATE 4-DIGITS (MMDD) + 8-DIGITS	
INSURANCE AUTHENTICATION ORGANIZATION RECEIVING DATE	YYYYMMDDhhmmss	
INSURANCE POLICY NUMBER		
EXAMINATION ACCEPTANCE DATE	YYYYMMDDHHMMSS	
INSURANCE AUTHENTICATION ORGANIZATION AUTHENTICATION NUMBER	PRESENT DATE 4-DIGITS (MMDD) + 6-DIGITS	
INSURANCE AUTHENTICATION ORGANIZATION AUTHENTICATION DATE	YYYYMMDDhhmmss	

Fig. 9

INSURANCE POLICY MANAGEMENT DB (INSURANCE COMPANY)		
ITEM NAME	DESCRIPTION	
INSURANCE COMPANY CODE		
INSURANCE BRANCH OFFICE CODE		
INSURANCE APPLICATION TELEGRAM 1 TRANSMISSION DATE		
CUSTOMER NAME		
CUSTOMER ADDRESS		
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INSURANCE COMPANY RECEIVING NUMBER	PRESENT DATE 4-DIGITS (MMDD) + 8-DIGITS	
INSURANCE COMPANY RECEIVING DATE	YYYYMMDDhhmmss	
INSURANCE AUTHENTICATION ORGANIZATION RECEIVING NUMBER	PRESENT DATE 4-DIGITS (MMDD) + 8-DIGITS	
INSURANCE AUTHENTICATION ORGANIZATION RECEIVING DATE	YYYYMMDDhhmmss	
INSURANCE POLICY NUMBER		
EXAMINATION ACCEPTANCE DATE	YYYYMMDDhhmmss	
INSURANCE AUTHENTICATION ORGANIZATION AUTHENTICATION NUMBER	PRESENT DATE 4-DIGITS (MMDD) + 6-DIGITS	
INSURANCE AUTHENTICATION ORGANIZATION AUTHENTICATION DATE	YYYYMMDDhhmmss	

Fig. 10

INSURANCE POLICY MANAGEMENT DB (INSURANCE AUTHENTICATION ORGANIZATION)		
ITEM NAME	DESCRIPTION	
INSURANCE COMPANY CODE		
INSURANCE BRANCH OFFICE CODE		
INSURANCE APPLICATION TELEGRAM 1 TRANSMISSION DATE		
CUSTOMER NAME		
CUSTOMER ADDRESS		
CUSTOMER AGE	INSURANCE APPLICANT CUSTOMER INFORMATION	
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INSURANCE EXPIRY DATE	INSURANCE EXPIRY DATE APPLIED VIA BROWSER	
INSURANCE COMPANY RECEIVING NUMBER	PRESENT DATE 4-DIGITS (MMDD) + 8-DIGITS	
INSURANCE COMPANY RECEIVING DATE	YYYYMMDDhhmmss	
INSURANCE AUTHENTICATION ORGANIZATION RECEIVING NUMBER	PRESENT DATE 4-DIGITS (MMDD) + 8-DIGITS	
INSURANCE AUTHENTICATION ORGANIZATION RECEIVING DATE	YYYYMMDDhhmmss	
INSURANCE POLICY NUMBER		
EXAMINATION ACCEPTANCE DATE	YYYYMMDDhhmmss	
INSURANCE AUTHENTICATION ORGANIZATION AUTHENTICATION NUMBER	PRESENT DATE 4-DIGITS (MMDD) + 6-DIGITS	
INSURANCE AUTHENTICATION ORGANIZATION AUTHENTICATION DATE	YYYYMMDDhhmmss	

Fig. 11